

HAMILTON (ED.)

SECOND EDITION.

A SHORT HISTORY

OF THE

CHOLERA;

WITH

A FEW HINTS AS TO ITS PREVENTION

BY

HOMŒOPATHIC TREATMENT.

✓ BY

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"The growing pest, whose infancy was weak
And easy vanquished, with triumphant sway
O'erpowers your life. For want of timely care,
Millions have died of medicable wounds.

* * * *

Where find relief? The salutary art
Was mute, and, startled at the new disease,
In fearful whispers, hopeless omens gave."

Armstrong's Art of Preserving Health.

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A SHORT HISTORY OF THE CHOLERA.

THE Cholera, that justly dreaded disease, so extended in its course, so fatal in its visitation, has again made its appearance in Europe: it is advancing westward from Moscow towards the shores of the Baltic; it is reported to have reached Duneberg, on the river Dwina, not far from Riga. It has appeared at St. Petersburg and Cronstadt, has extended to Gallicia and Moldavia, and broken out with severity at Tarnopol in the former province. It is following the same course, attacking the same places, and appearing with the same symptoms as in 1830-31.

The great improvements in drainage, and other sanitary regulations in our populous cities since its last visitation, will doubtless diminish the severity of the disease, (should it make its appearance in this country,) and give us hope they may escape the great mortality which prevailed in so many districts at that time.

It is confidently asserted that the present invasion is of a mild character, and yet the proportion of deaths to those affected, ranges from 35 to 65 per cent, quite as high as in 1831, and although fewer persons have been attacked, must we not infer from this high rate of mortality, that the physicians in Russia have not gained much by experience; and is there not every reason to suppose that the same uncertainty with regard to treatment, will be found to exist here, should we be visited by the scourge?*

As the disease is appearing with the same symptoms which accompanied it in 1831, it may naturally be concluded, that whatever treatment was successful then, will be so now; and, in reviewing the various methods, I think it will not be denied that the one put forth by Hahneman and other homœopathists, was by far the most effective in its results. To prove this assertion I shall place before the reader

* Since the first edition of this pamphlet, the Cholera in many places on the Continent has assumed a most virulent form.

the different statistics of both treatments; Allopathic and Homœopathic.

Previous to so doing, however, as much has been written on the subject of Cholera, and on the question, whether it is contagious or epidemic, and as many erroneous impressions exist regarding the true nature of this fearful malady, I think the following history, abridged from Dr. Copland's Dictionary of Practical Medicine, may not be uninteresting.

"The term Cholera, has been in use since the time of Hippocrates, who admitted two species of the disease,—one humid, the other dry. According to Celsus, it is derived from *Χολη* and *Ρεω*, signifying literally, bile flux. Trallian however derives it from *Χολας* and *Ρεω*, intestinal flux. Galen, adopting the distinction established by Hippocrates, attributed the humid Cholera to the presence of acrid humours, generated by the corruption of the food; and dry Cholera, to an acrid flatus; with very slight modifications, this doctrine was received by Fernel, Baillon, Sydenham and others, the difference chiefly consisting in the part they ascribed to the bile, and to the state of this secretion, in the production of the disease. Cullen directed attention, more accurately than his predecessors, to its nervous and spasmodic characters. Pinel was however, the first who made any considerable innovation on the opinion of the ancients as to its nature, he classed it as a species of the genus of fevers, to which he applied the term, meningo-gastric. M. Geoffry subsequently attributed to it an inflammatory character; and M. M. Bronssais and Gravier afterwards contended that it consists of inflammation of the mucous surface of the digestive tube, commencing with nervous symptoms. This diversity may be, in many respects reconciled, inasmuch as the particular form of disorder for which each exclusively contends, frequently exists as a part of the morbid condition constituting the disease.

After having paid considerable attention to the literature of Cholera and had much experience in all its forms—of two of them in my own person, I consider that it admits of division in the following distinct varieties. First, *Cholera Biliosa*, or bilious Cholera. Second, *Cholera flatulenta*, flatulent Cholera. Third, *Cholera spasmodica*, spasmodic Cholera, or Mort du Chien.

I believe the disease which has appeared in recent times, and has received numerous appellations, among which, that of *Epidemic Cholera*, has been most commonly used, *to be a different malady from the other forms of Cholera*.—During the various enquiries, I was particularly struck by some important facts, respecting which I conceived much misapprehension, and error were entertained and widely disseminated, and which required refutation; the first of these is connected with the origin and nature of the distemper, many supposing it to be the common spasmodic Cholera of hot climates, in an epidemic form only: a second error which has been widely propagated is, that the malady never exhibited any proof of infection in the east; a third error was very generally entertained, both when the disease first made its appearance and at the present time, that it is caused by some unknown constitution or condition of the air; although it is admitted that the pestilence is greatly aggravated by certain states of the atmosphere, to which the term epidemic is strictly applicable, notwithstanding our ignorance of the present nature of these states, yet there seems no doubt that it is propagated and prevails to a certain extent, independently of an epidemic concurrent influence. The author believes, that like eruptive and typhoid fevers, this *pestilence is infectious*; is not essentially epidemic,* although it will during favourable states of the atmosphere &c., assume epidemic characters, and be modified accordingly.†

PESTILENTIAL CHOLERA first appeared at Jessore, in the centre of the Delta of the Ganges, about the year 1813, and thence spread through many parts of India, the Burmese empire, Arracan and the Peninsular of Malacca. In 1819, it visited Penang, Singapore, Siam, Ceylon, Isle of France, and Bourbon. In 1820, it reached Cochin China, Southern China, Canton, and the Phillippines. In 1821, Java, Banlan,

* Epidemic from *ἐπι*, upon, and *δημος*, the people; a disease, which attacks a number of persons at the same time, and in the same place.

† Is there not a peculiar state of the atmosphere in conjunction with infection, by which disease becomes more easily disseminated, and does not this peculiar state generally exist, when an epidemic is raging? This predisposing cause in the atmosphere being necessary for a miasma to prove infectious, isolated, or sporadic, cases occurring, therefore, do not propagate the disease.

The laws which regulate the propagation of Cholera, are quite inexplicable, according to the common doctrine of epidemic diseases.

Madras, Borneo, and other places in the Indian Archipelago. In 1822, —3,—24, it appeared at Tonquin, Pekin, Central and Northern China, the Moluccas, Amboyna, Macassar, Assam, &c.; 1827, it ravaged Chinese Tartary. In all these countries its prevalence and fatality was unprecedented in medical history. In July, 1821, it reached in its western course, Muscat in Arabia, and other parts of the Persian Gulph, also in Persia, and prevailed in many cities of that Empire up to 1830; in 1823 it ravaged Mesopotamia, Syria and Judea.

In 1822, it reached to within 150 miles of the Georgian frontier of Russia, and appeared at Orenberg and Astracan in 1823, beyond which it seems not to have extended till August, 1828, when it re-appeared at Orenberg, supposed to have been brought from the Persian Provinces, in Central Asia, where it was raging; at the commencement of 1830 it had entirely ceased in the Russian Empire; but, in the autumn of the same year, it broke out with increased violence on the Georgian frontier, and, after attacking a number of places, it continued to spread westward and northward through Russia, Poland, Moldavia and Austria, extending in 1831 to Riga and Dantzic, and in June and July to St. Petersburg and Cronstadt, early in October, to Berlin, Vienna and Hamburg.

Pestilential Cholera appeared in England in October, 1821, at Sunderland; a month afterwards at Newcastle-on-Tyne, and in December at North Shields, Tynemouth, South Shields, &c., and in London about February, 1832, in the immediate neighbourhood of the shipping, supposed to have been brought over from infected ports on the Continent, by means of bedding, &c. of sailors, who had either died in those ports or on the voyage, and whose effects had been delivered up to their friends on arriving in this country. From this country the pestilence was supposed to have been conveyed in an emigrant ship to Quebec, where it appeared on the 8th of June, 1832, and soon spread all over the continent of North and South America.

The Cholera appeared in Calais on the 12th of March, supposed to have been brought from England; on the 26th, broke out in Paris, where it carried off 20,000 persons, owing to there having been no precautions taken to prevent its extension, a general belief of its non-infectious nature having been erroneously entertained. It visited Spain in 1833—34, re-appeared in London and North America in

the same year, and was very destructive in Rome in 1837. It still prevails in the East Indies, and it seems, is now extensively raging in the North of Europe, &c.

PESTILENTIAL CHOLERA is thus defined :

I. NOSOLOGICAL.—Anxiety and oppression in the chest, epigastrium and præcordia; disturbance of the bowels, with nausea, faintness, giddiness and depression of the vital powers; frequent ejections of an offensive fluid, resembling rice water, from the bowels and stomach, followed by spasms, tremors and distress; a cold clammy, purplish and shrivelled state of the surface; coldness and rawness of the expired air; a sense of painful or burning heat at the epigastrium, with urgent thirst and rapid disappearance of the pulse; the distemper being often preceded by indigestion and diarrhœa and frequently followed by febrile reaction, affecting chiefly the brain and abdominal organs.

II. PATHOLOGICAL.—A discharge from the bowels and stomach of the watery portion of the blood. more or less complete paralysis of the lungs, and arrest of the changes, affected by respiration. on the blood, and of the hepatic and venal secretions; depression of the hearts action; the circulation of a thick dark venous blood through the arteries, with congestion in the large veins and imperfect circulation through the Capillaries, owing to the thick glutinous state of the blood; the congestion of the viscera in many cases being followed by an obscure and asthenic reaction, affecting chiefly the brain and abdominal viscera.

The Definition of *Spasmodic Cholera* (Mort du Chien) is as follows :—

Vomiting and purging of watery matters without any appearance of bile, violent spasms, and extending generally through the frame, speedily followed by the sinking of the powers of life. This variety of Cholera approaches nearest to Pestilential Cholera, but the differences are these :—In the spasmodic and severe form of sporadic Cholera, there is every reason to suppose that the absence of bile in the secretions is to be imputed to *spasm* of the common bile duct rather than suppression of the secretory or excretory functions; whilst in pestilential Cholera this secretion is altogether arrested, inde-

pendent of spasm. In spasmodic cholera, the spasms are more tonic and confined more to the muscles of the abdomen and of the thighs and legs, than in the pestilential disease, and in the former, the vertigo, deafness, headache, marked affection of the respiratory functions, and of the circulation characterizing the latter, are entirely wanting.

Again.—In sporadic or bilious Cholera; the very dark, thick and ropy appearance of the blood; the cold, wet, and shrivelled state of the surface, and its leaden, dark or purplish colour; the almost total absence of pulse at the wrist; the very marked and rapidly increasing collapse of the powers of life, the disagreeable and earthy odour of the body even during the life of the patient, the burning sensation between the umbilicus and scrobiculus cordis; the complete arrest of the glandular secretions; the cold tongue and mouth, and the coldness of the respired air, which characterize the pestilential disease, are entirely absent.

Dr. Copland considers the pestilential Cholera as highly infectious, and that it is propagated by means of a miasm, emanating from the diseased body, or from the clothes, &c. of a diseased person, modified by different states of the atmosphere. In bringing forward this view, he adduces evidence from a mass of writers in India and elsewhere to support this doctrine; and he believes, on the adoption of correct views on this point will necessarily depend the employment of successful measures to circumscribe, entirely to prevent, or counteract the disease. On the other hand, there are many able writers who altogether deny this view. Whether they be right or wrong, where there is the slightest doubt it will be best to err on the safe side: the adopting precautionary measures can do no harm; the neglecting them may (as was supposed to be the case in Paris,) be the means of increasing the mortality to a fearful extent.

An Indian Medical Officer, in his report to the Madras Board writes thus—"Whether or not the disease in question be contagious (infectious*) is a subject of infinite importance; but where the slightest gleam of doubt obtains, it is much better to adopt the means usual for the purpose of preventing its propagation, by appro-

* Infection—a word commonly applied to the communication of disease from the sick to the healthy, by a morbid miasm or exhalation diffused in the air; and contagion—to the transmission of a malady by immediate or mediate contact. With some writers, infection and contagion are synonymous.

priate quarantine of troops on the line of march, and by preventing their immediate entrance into stations when under the influence of Cholera; by these precautionary measures I conceive it possible to preserve the lives of thousands."

"That no precautions of any description were taken in India to prevent the propagation of the disease, may be stated without any reservation; and hence, most probably, the reason of its extension over so large a portion of the whole globe."

THE CAUSES OF CHOLERA.

It may be briefly premised that this disease is never produced without the presence of a morbid matter, which, emanating from the bodies of the affected, and floating in the air, is respired by those about to be attacked. There is not a single instance known of its appearance in any place without the previous communication with an infected place or persons affected. All who are exposed to the miasmata of infectious diseases are not equally, and many not at all, liable to be affected: hence the circumstance so uniformly met with of so many persons escaping, when an epidemy ravages a district, and those who may not have been susceptible to-day, may become so to-morrow, owing very frequently to causes about to be noticed. This has been remarked of all infectious diseases of which we have any accurate information. In illustration of this, the following curious fact has been noticed:—During the dry east wind which often prevails on the West Coast of Africa it is frequently impossible, often difficult, to infect the system with the small pox, even by inoculation, and when the operation succeeds, the disease is usually mild, and the eruption distinct: whereas, during the moist, close and sultry weather following the rainy season, it spreads with the utmost rapidity; the effluvium from the bodies of the affected appears to be carried to considerable distances, and transmitted readily by means of various *media*, the disease being generally confluent and most fatal.

The reason of so many persons escaping, besides being referable to this non-predisposition, may likewise be explained by the circumstance of free ventilation, the perflation of currents of pure

air, by modes of living calculated to oppose the invasion of the infectious effluvium, and by being habituated to its influence. As an instance of the latter, it may be remarked that during the prevalence of the Cholera in London, Edinburgh and Paris, the medical students who were constantly dissecting the bodies of persons who had died of the Cholera, were almost entirely free from the disease.

Another circumstance showing the operation of a specific cause in producing the pestilence, is its uniform and specific character in all climates, seasons and localities.—The efficient cause is specific, the disease itself is specific, and only modified as respects severity and grade by the intensity of this cause, by certain predisposing, concomitant and determined influences, and by the habit and temperament of the affected—viz : situation, seasons, peculiar vicissitudes of the atmosphere, crowded localities, want of proper drainage, *anxiety and depression of mind, fear of the disease*, physical and moral debility, low living and unwholesome diet, constitutional debility or laxity of the bowels, previous *disorder of the digestive functions*, neglect of personal or domestic cleanliness, deficient or dirty clothing, exposure to cold, immoderate use of intoxicating liquors or excess of any description, sleeping on the ground, low ill-ventilated apartments, or impure air, *the use of cold, indigestible or unripe fruits, cold drink when the body is over heated, fatigue, sudden arrests of the exhalations of the skin, however produced, &c.*; either of these, whether acting shortly before or at the time, or even soon after the body is exposed to infection, will favour the production of the malady, particularly if several of these act in conjunction, and if at the same time, those causes, whether proceeding from the state of the locality, or of the air, to which, allusion has been already made, are also present.

The conclusions arrived at as to the causation and propagation of this pestilence are as follows :—

1. The distemper was caused by infection.
2. It was not caused or propagated by mediate or immediate contact, but by a particular virus disseminated through the air.
3. This virus, or miasm, was often made manifest to the sense of smell and taste.

The operation of the morbid effluvium or animal poison, was violent in proportion to the concentration of it in the air respired, and

to the weakness of the person inspiring it, and to the grade of the predisposition.

There is no evidence to account for the generation of the choleric poison in the first instance, and there is as little of its reproduction, *de-novo*, on subsequent occasions; it is also impossible to form a correct idea of the period during which the infectious miasm may be retained by the clothes, closely shut up from the air, or by the dead or buried body, and be still capable of infecting the healthy.

The effluvium which propagates the distemper, is generated in the progress of the changes produced in the blood, and is emanated or discharged from the mucous surface of the lungs and digestive canal, and from the cutaneous surface, along with their respective exhalations and secretions, and this seminium, by contaminating the surrounding air, or woollen cloths, or animal products, capable of retaining for a time, animal effluvia, affects those of the healthy *who are predisposed*.

The invasion of the disease generally presents itself in three different grades:—

The first and least dangerous grade is the most gradual, and is usually that of common diarrhoea, accompanied with oppression at the chest, anxiety at the præcordia, and collapse of the countenance and surface of the body. If these symptoms are neglected they soon pass into those characteristic of the malady; viz:—marked and sudden loss of pulse, oppressed and difficult respiration, muscular spasms, tremors, shrunk, wet, leaden appearance of the surface and extremities, sunk eyes, watery vomiting and purging, with great distress.

The second state of invasion is the most frequent, and is generally ushered in by cerebral symptoms, such as giddiness, and noises in the ears, by a remarkable oppression at the chest, weight at the epigastrium, great depression of the pulse and all the vital energies, rapidly followed by spasms, commencing at the extremities, accompanied with vomiting, purging, &c. This is the common form and degree of severity of the disease.

The third stage or form of invasion is the most sudden and fatal. The patient is suddenly seized, as if struck by lightning, or by a severe blow in the region of the stomach; the vital powers are im-

mediately laid prostrate, inordinate discharge of serous fluid takes place from the stomach and bowels, cramps and spasms of the voluntary muscles, no pulse, laborious respiration, collapse, blue, wet and cold condition of the body, and terrified countenance.

Such is a condensed history of the choleric pestilence which ravaged Europe from 1830 to 37, and it will be seen how different it is from the common forms of Cholera.

It cannot be denied that the various modes of treatment generally adopted, both in this country and in others, were unsatisfactory in their results; the average mortality of those attacked (as will be presently shown) was very large—almost as great as if no remedial agents had been employed.*

To enumerate the list of remedial agents alone, would take up too much space, to recite the different theories would fill a volume.† The following statistics of the result of the Allopathic practice, will give some idea of the mortality and success of their treatment:—

In London there were 11,020 cases of Cholera: cured, 5,745; died, 5,273; about 48 per cent.

In other parts of England there were 49,594 cases: cured, 33,790; died, 14,807; about 30 per cent.

In Wales, 1,436 cases: cured, 938; died, 498; about 35 per cent.

In Ireland, 54,552 cases: cured, 33,381; died, 21,171; 38 per cent.

In Paris there were upwards of 20,000 deaths.

In other parts of the continent the mortality averaged about 57 per cent.

In India the general average is, as far as I can learn, about 35 to 40 per cent.

From all accounts, in those parts of Europe where the pestilence is raging at the present time, the mortality is still as great. The

* Of 46 patients, who came under the notice of a physician, but who persisted in declining all medical treatment: 33 died and 13 recovered—about 70 per cent.

† Amongst many theories, was the idea of injecting a solution of muriate and sesquicarbonate of soda into the veins, from the known deficiency of the saline ingredients of the blood, in Cholera. For a moment the effect was marvellous—all the symptoms disappeared, except the excessive evacuations, these, however, became still more profuse, until, a very short time after the injection, the whole of the fluid had passed off by the bowels, and all the phenomena reappeared with increased violence, often rapidly passing into dissolution.

following are extracts from the "*Prussian Universal Gazette* :"—

"The Cholera was decreasing in Moscow since the 3rd of November; on the 5th there were 94 patients, of whom 49 died and 39 recovered, rest left on treatment; on the 9th, 71 cases: 22 had died, 32 recovered."

Since the 30th of September, the day on which the disease manifested itself, there had been 2,011 patients; 930 had died, 422 recovered, 639 left under treatment.

The distemper manifested itself in those places it attacked immediately after the arrival of persons from infected districts, and who were themselves affected.

It spared the colony of Sarepta, owing, as was supposed, to there being no indigent inhabitants,

Extract from the "Riga Gazette."—"Saratoff has been greatly illtreated by the Cholera: up to 23rd of October, 18,594 cases had occurred—9,194 had terminated fatally.

In Pensa and Woronesch it was comparatively mild, 3,329 had died, out of 8,398 cases.

In Orel, 1,715 cases, 830 had died. In the neighbouring districts there were 1,518 deaths out of 3,772 cases.

In Kouisk, 1,087 deaths out of 1,673 cases.

In Kazan, 665 deaths out 1,224 cases.

In Kiev, 113 deaths out of 278 cases.

From the "*Military Medical Gazette*" of St. Petersburg, 1848, it appears that from the 30th of June to the 21st of July, 19,772 persons had been seized with Cholera, of whom 4,834 had recovered, and 11,068 had died; between 50 and 60 per cent.

In the whole of Russia since the first appearance of Cholera on 25th of October, 1846, to 21st of July, 1848,—290,318 cases of Cholera had occurred, of which 116,658 had died.

It is an interesting fact, that, on the last invasion of Cholera the rate of mortality was only increased about 11 per cent in London, whereas in Paris the increase was between 50 and 60 per cent over the average, and in other populated cities as high as 70.

How far the disease is under the control of the medical men

the following table, taken from the "*Medical Gazette*," will give some idea :—

In Kouisk, the deaths were 65 per cent.

Kazan 54.5

Kiev 40.3

Kharkov 29.5

Moscow—last week in October 35.5

in month of October .. 33.5

Let us compare these results of Allopathic practice with those of Homœopathic, as shown in the treatment of Cholera on the Continent in 1830.

These tables are taken from Dr. Quin's excellent Pamphlet, "*Traitement Homœopathique du Cholera.*"

At Tischnowitz, in Moravia—

Number of Inhabitants 6,671

Number of persons attacked .. 680

Of these there were—

Treated Allopathically 331

Cured 229

Died 102

331

Treated Homœopathically .. 273

Cured 251

Died.. .. . 27

273

Treated with Camphor only,

without a Physician 71

Cured 60

Died 11

71

680

This table was drawn up by order of the Authorities, who sent it to Dr. Quin.

Again, at Wishney Wolotsok, in Russia, Doctor Seider treated 202 patients attacked with Cholera. The following are the results;

Treated Allopathically	..	..	..	93
Cured	..	..	..	24
Died ..	..	..	..	69
Treated Homœopathically	..	..	109	
Cured	..	..	86	
Died ..	..	..	23	

The results of the treatment of the Cholera patients in Vienna, are as follows:—

Treated Allopathically	..	..	4,500
Cured	..	..	3,140
Died	..	..	1,360
Treated Homœopathically	..		581
Cured	..	..	532
Died	..	..	49

Giving as a per centage of Deaths under Allopathic treatment, 31. Under Homœopathic, 8.

Results of treatment of Cholera patients in the Hospital at Bordeaux;

Treated Allopathically	..	..	104
Cured	..	..	32
Died	..	..	72
Treated Homœopathically	..	..	31
Cured	..	..	25
Died	..	..	6

Allopathic per centage of deaths	..	..	69
Homœopathic ditto	..	..	19

* From Dr. Black's Paper in British Journal of Homœopathy, 1845.

In Dr. Quin's Pamphlet, the following table gives the results of the Homœopathic treatment of Cholera.

	No. of Patients.	Cured.	Died.
Dr. SCHRÖTER ..	27 —	26 —	1
Dr. LICHTENFELS ..	40 —	37 —	3
Dr. VRECKA ..	144 —	132 —	12
Dr. SHÜLLER ..	31 —	25 —	6
Dr. SEIDER..	109 —	86 —	23
Dr. BAKODY ..	154 —	143 —	6
Dr. GERSTEL ..	330 —	298 —	32
Dr. HANUSH ..	84 —	78 —	6
LE PERE WERTH, M.D.	125 —	122 —	3
	<hr/> 1073 <hr/>	<hr/> 998 <hr/>	<hr/> 95 <hr/>

Giving as the average deaths about 9 per cent.

In comparing these results with the Allopathic, it cannot be denied that the Homœopathist has the advantage. In accordance with the law, *similia similibus curantur*, he prescribes a remedy which he knows has the power of producing symptoms analogous to those of the disease in question, symptoms with which he is perfectly conversant.

To illustrate this law, we will take three of the Homœopathic remedies for Cholera, and compare the symptoms produced by them with those of the disease, as

CAMPHOR, VERATRUM AND CUPRUM.

The chief symptoms of Cholera.

1st stage. Diarrhœa. Oppression at chest, anxiety at the præcordia, collapse of countenance and surface of body, sudden loss of pulse, oppressed respiration, muscular spasms and tremors.

Symptoms produced by Camphor.

Cold over the whole body, sinking of all strength, skin bluish and cold, suffocating oppression of the chest, constriction of the larynx, sensation of burning heat at the epigastrium pulse remarkably slow, respiration deep and slow, cramps in

2nd stage. Giddiness, noise in the ears, remarkable oppression at the chest, weight at epigastrium, great depression of the pulse and all the vital powers, followed by spasms, commencing at the furthest part of the extremities, accompanied with watery purging and vomiting of a fluid resembling whey; hands, face and extremities bluish, skin cold, damp and raw to touch, burning heat and inexpressible anxiety at the epigastrium, feeling of intolerable anxiety and weight about the heart, struggles for breath, voice nearly gone, the respiration is quick, irregular, most laborious and imperfect; patient calls frequently for cold water, speaks in a whisper and utters only a word at a time; tongue white, flabby, cold and always moist.

Spasms are generally of a passive kind, but sometimes, particularly in the loins and legs, are tetanic; secretion of urine is totally suspended, as well as the biliary, salivary, and lachrymal fluids; peculiar earthy odour from the body; singular fœtor of the perspiration and evacuations.

Sudden and immediate prostration of vital powers, inordi-

the calves of legs, convulsive movement of the arms.

Vomiting, cold sweat on the face after the vomiting, cramps in the abdomen.

Symptoms produced by Veratrum.

Skin flabby, general coldness over the whole body, and cold clammy perspiration; *pulse slow*, almost extinct, or small, quick and intermittent; excessive anguish and inquietude; confusion in the head; dulness of all the senses; face pale, cold; hypocratic, cold perspiration in the face; mouth dry and clammy; tongue dry, blackish, cracked; insatiable thirst, with desire for *cold drinks*; *violent vomiting, with continued nausea*; great exhaustion; vomiting of black bile and blood; *continued vomiting, with diarrhœa* and pressure in the scrobiculus; *excessive sensibility* in the region of the stomach or scrobiculus; excessive anguish at the pit of the stomach; burning sensation at the pit of the stomach; cramps in the abdomen, with colic; burning sensation through the whole extent of the abdomen; violent diarrhœa, preceded and followed by gripings; loose black, green, brownish evacuations: unnoticed evacuation of liquid fœces;

nate discharge of serous fluid from stomach and bowels; cramps and spasms of voluntary muscles; no pulse, laborious perspiration, collapsed blue, wet and cold condition of the body, terrified countenance.

obstructed respiration; chest much oppressed; cramp in chest, with painful constriction; severe attacks of anxiety in the region of the heart; violent cramps in the calves of the legs and feet.

Symptoms produced by Cuprum Metallicum.

Hiccough; nausea, with desire to vomit; violent periodical vomitings; vomiting of bile; violent vomitings, with pressure in the stomach: cramps in the abdomen; diarrhœa and convulsions; excessively troublesome pressure on the stomach and on the epigastrium, aggravated by the touch and by the movement; anxiety in the epigastrium; spasmodic colic, with convulsions; violent diarrhœa; difficult respiration; suffocating fits; painful contraction at the chest; cramps at the chest, which interrupt the respiration and the voice; great lassitude and sinking of the whole frame.

A glance at these two columns will at once explain the reason why, according to the Homœopathic law these medicines are giving for the cure of Cholera, with what result I need only refer the reader back to the statistics of the two treatments.

CAUTIONS NECESSARY ON THE INVASION OF CHOLERA.

In giving directions as to the necessary precautions to be taken in case of the invasion of Cholera, the nature of the disease

must be borne in mind, viz. :—that it has many of the properties of an infectious disease, but that an actual existence of a predisposing cause is necessary for its development; it therefore behoves every one to keep themselves as much as possible free from any of these.

The house should be well aired; all noxious effluvia arising from decaying animal or vegetable substances got rid of.

Cesspools and dust holes cleaned out.

Sleeping apartments well ventilated, kept clean and dry.

All exposure to cold and wet avoided; on no account to sit in damp clothes, particularly damp shoes or stockings.

Care should be taken to avoid chills, or to check the perspiration.

The clothing must be sufficient to preserve the body at any equable temperature.

Regular exercise in the open air. *All anxiety of mind* and other predisposing causes enumerated at page 8, to be avoided as much as possible.

The diet should be wholesome and regular, and every one should be more than ordinarily careful not to eat those articles of food which experience may have taught them produce derangement of the digestive functions, such as *veal, pork, &c.*

No raw vegetables should be taken, or cold fruit, such as celery, salads, cucumbers, pickles, melons, oranges, apples, &c.; the more wholesome varieties of fruits and cooked vegetables should be used in moderation, non-acid wines and beer may also be taken in moderation by those accustomed to them.

Dr. Antonio Blasi of Palermo, who had great experience in the treatment of Cholera, recommends as preservative means, “that the linen be frequently changed, that the hands and face be washed with water, in which are a few drops of vinegar.

That the chamber utensils be always well cleaned, and the urine not allowed to remain, and that a little pure water be always in them.

Not to walk about barefooted on arising from bed.

Not to respire the morning air fasting.

Avoid crowded rooms.

Purify the chambers, but do not use the vapour of Chlorine or Bismuth, as they are highly injurious to other organs of the body, particularly the lungs, and does not guarantee in the slightest degree

from the Cholera. The fumes of vinegar, obtained by putting some on a hot plate of metal, is more preferable.

PROPHYLACTIC (PREVENTATIVE) TREATMENT.

As regards the prophylactic (preventative) treatment. That this was of some avail in the last invasion of Cholera, may be adduced by the following facts. Dr. Marenzeller gave prophylactic medicines to 150,000 persons in Vienna, and none of them fell victims to the Cholera.

The same results were gained among 80,000 people in Hungary and Poland. It is the general opinion of Homœopaths, that among those who took these medicines, and were attacked by Cholera, the disease showed itself in its mildest form; whereas, at the same time, it attacked with great virulence those who had not undergone this prophylactic treatment.*

The medicines given as prophylactics were, Cuprum and Veratrum, six globules to be taken, of the third dilution of one of these medicines every third morning, dissolved in a teaspoonful of water. The medicines to be alternated.†

Dr. Blasi also considers camphor as a powerful preservative medicine, and was always in the habit of carrying about with him a bottle of camphor, and on approaching the bedside of a Cholera patient, either smelt or dipped his finger into the bottle and sucked it; by these means, he is of opinion that he and many others were preserved from the infection.

A small piece of copper worn next the skin, as also been declared useful as a preservative.

PREMONITORY SYMPTOMS.

Should the first symptoms actually appear, and it must be borne in mind that the premonitory symptoms should on no account be neglected, viz. :—feeling of general uneasiness, headache, giddiness, pain in the abdomen, oppression at the chest, diarrhœa, whitish evacuations, borborygmi; any of these occurring when the Cholera is prevailing, should be at once attended to.

* Black, on Asiatic Cholera.—*British Journal of Homœopathy*.

† No coffee, acids, spices, or aromatics of any kind should be taken whilst under the action of these remedies.

Two drops of spirits of camphor, prepared according to the proportions recommended by Dr. Quin, *i. e.* one drachm of camphor, dissolved in six drachms of spirits of wine (this may be procured at the Homœopathic Chemists,) should be given every five or ten minutes, in a little iced or cold water, or on a little bit of sugar, this is preferable to water, and no time lost in obtaining medical aid. The patient should also be kept warm in bed. By at once attending to these instructions, the disease may often be arrested in its first stage.

Dr. Blasi also recommends the external use of camphor, but, he says it is necessary to employ it with great care, owing to its powerful re-action, and therefore only uses a light a momentary friction to those parts where cramp is developed, and generally with great benefit.

Under whatever form the Cholera presents itself, this medicine (camphor,) may be given during the first hour, with every probability of success. It is chiefly used when there is stiffness of the muscles. For a more detailed account of the treatment of Cholera, Dr. Quin's Pamphlet, and Dr. Black's Paper, in the British Journal of Homœopathy, which can be bought separately; and Dr. Laurie's Elementary Practice; (Homœopathy,) may be consulted.* These few pages have been merely written for the purpose of giving non-professional persons some history of the disease, and a few instructions awaiting the arrival of the Physician; it will suffice, therefore, to add the following summary, from Dr. Black's Paper:

"The medicines given generally in ordinary cases of Cholera, are—

1. During the period of invasion,—CAMPHOR.
2. When there is vomiting and watery evacuations, with slight cramps—IPECACUANHA.
3. If to these symptoms are added permanent cramps, great thirst, and excessive coldness—VERATRUM.
4. In case of convulsions, bloody stools, or watery diarrhoea, and vomiting—CUPRUM.

IPECACUANHA is only useful in slight attacks. It is indicated when vomiting is the predominating symptom, and comes on alternately with yellowish diarrhoea, accompanied by colic. It is never suitable when the disease is at its height, and if improvement does not soon follow its administration, recourse must be had to Veratrum. The dose is a few globules of the first dilution, repeated in about ten minutes to two hours, according to the urgency of the case.

VERATRUM is the principal remedy in almost all cases of Cholera, with

* A Pamphlet has also been published by Dr. Dudgeon.

sudden and frequent evacuations upwards and downwards, coldness of the body, great weakness, cramps in the calves of the legs, &c. The dose is a few globules of the third or sixth dilution, to be given in a spoonful of iced water, and if after ten minutes or half an hour there is no change for the better, the dose to be repeated. If the symptoms increase after several doses, and the cramps change to spasms and convulsions, recourse must be had to *CUPRUM*, and in many cases this latter remedy is beneficially alternated with *VERATRUM*.

ARSENICUM may likewise be alternated with *VERATRUM*, when the disease is attended with a sensation as of burning coals in the stomach and bowels, occasional scalding evacuations, accompanied by violent colic and extraordinary prostration of strength, coldness of the skin, clammy perspirations and insupportable fear of death.

CHAMOMILLA is useful in Choleric Diarrhoea when it is attributed to great dread of being attacked with Cholera, and when the evacuations are bilious.

The patient ought to be kept warm, and if necessary, bottles of hot water applied to the feet; a little cold water is to be given from time to time, to allay the thirst, and if possible, occasionally, small pieces of ice. Lavements of iced water are often beneficial in cases of colic and cramps of the intestines.

During convalescence, care should be taken to prevent relapses; and it is frequently observed that at the commencement of convalescence, the patient is tormented with a great craving for food, this should be restrained, and but little food, and that of a light digestible kind only, allowed to be taken.

Care should also be taken to protect the surface of the body, and particularly the extremities, from cold.

The results of the Allopathic and Homœopathic treatment of epidemic Cholera in Edinburgh, as reported up to this date Oct. 25th, 1848, are as follows:—

Treated Allopathically.

Cases of Cholera	..	175	
Deaths	.. ..	102	
		<hr/>	
Mortality, abstract	.. ..	58 per Cent.	<hr/>

Treated Homœopathically.

Cases of Cholera	..	14	
Deaths	.. ..	4	
		<hr/>	
Mortality, average	.. ..	28 per Cent.	<hr/>

Assuming that the cases occurring under Homœopathic treatment, were returned to the Registrar, we must deduct this number from the Allopathic returns, which would then increase their mortality to 60 per Cent.

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